
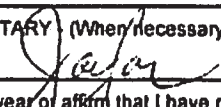
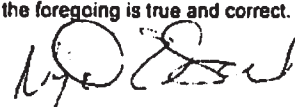



EXHIBIT

1

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEC	CHARGE NUMBER 460-2010-03043
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
_____ Civil Rights Division Texas Workforce Commission _____ and EEC <small>State or local Agency, if any</small>			
NAME (Indicate Mr., Ms., Mrs.) Najat Elsayed		HOME TELEPHONE (Include Area Code) [REDACTED]	
STREET ADDRESS [REDACTED]		CITY, STATE AND ZIP CODE [REDACTED]	
		DATE OF BIRTH [REDACTED] 80	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME University of Houston		NUMBER OF EMPLOYEES, MEMBERS 15+	
		TELEPHONE (Include Area Code) 713-743-1000	
STREET ADDRESS 31 E. Cullen Houston, Texas 77204		CITY, STATE AND ZIP CODE [REDACTED]	
		COUNTY Harris	
NAME [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]	
STREET ADDRESS [REDACTED]		CITY, STATE AND ZIP CODE [REDACTED]	
		COUNTY [REDACTED]	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL)	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		June 3, 2010 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
1. I was employed for about three years as a Financial Aid Officer and earning \$42,000.00 per year. I was terminated soon after I notified my HR of harassment and hostile work environment. I noted that once I told my supervisor Janet Carson that I was pregnant, she stepped up her efforts to discipline and to ultimately terminate my employment. 2. I was told my termination was because of insubordination and general poor performance. I deny being insubordinate and my performance was satisfactorily to the best of my knowledge. 3. I was discriminated against because of my sex, female (pregnancy) and retaliated against after reporting my supervisor to HR and EEO in violation of Title VII of the Civil Rights Act of 1964, as amended.			
			
I want this charge filed with both the EEC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY (When necessary for State and Local Requirements)  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct.  Date 6/16/10 Charging Party (Signature)		SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) 6-16-10	